Enrollment – Penetration Protocol

A. PURPOSE:

To maintain a consistent method of identifying how many people have been served in the behavioral health system and the rate in which the system is meeting the needs of the community.

B. DEFINITIONS:

Behavioral Health Category: This is determined by the most current value within the Behavioral Health Category Code field in the Demographic Snapshot. However, the following age sub-definitions apply as determined by the client's age at the end date of reference:

- Child (Child) – Age must be 0 to less than 18
- Serious Mentally Ill (SMI) – Age must be 18 or greater
- Substance Abuse (SA) – Age must be 18 or greater
- General Mental Health (GMH) – Age must be 18 or greater
- Children's Medical Dental Plan (CMDP) – Age is not considered

Closed Eligibility Segment: An AHCCCS Eligibility record with an End Date greater than or equal to the start date of reference.

Closed Enrollment Segment: An enrollment segment with a Closure Date greater than or equal to the start date of reference.

Eligibility Category: This is determined by the value within the Contract Type field in the AHCCCS Eligibility Snapshot. If there was an eligibility segment at any time during the dates of reference, then the segment is selected. In order to determine CMDP Eligibility, the Contract Type value of "7" is used from the AHCCCS At Risk Snapshot. CMDP eligibility supersedes any other eligibility category.

Enrollment: The count of unduplicated consumers who had an intake record at any time during the dates of reference.

Open Eligibility Segment: This is an AHCCCS Eligibility record with a null value in the End Date field and a Start Date less than or equal to the end date of reference.

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Open Enrollment Segment: This is an enrollment segment with a null value in the Enrollment Closure field and an Intake Date less than or equal to the end date of reference.

Penetration: The rate by which the number of Medicaid eligible consumers, as determined by AHCCCS, have been enrolled in the behavioral health system during the dates of reference (*Enrollment ÷ Eligible*).

Snapshot: This refers to a table created from the "live production" data as of a single point in time.

The AHCCCS 274 A thru H Summary Report: A report of Medicaid eligible consumers identified by their funding source (e.g. Title XIX, Title XXI, TANF, Prop 204, etc). The ADHS Office of Business Operations summarizes this report, which provides categorization by Title XIX Adult, Child, and CMDP and by Title XXI Adult and Child, Kidscare and HIFA II.

C. ENROLLMENT PROCEDURES:

1. Go to the most current Intake Table Snapshot, extract all intakes that have a valid intake date that is less than or equal to the end date of reference.
2. Join this extraction of all intakes from C1 to the most current Closure Table Snapshot. Define join using Contr_ID, Client_ID, and Intake Date.
3. From C2, extract enrollment records using the following Enrollment Closure hierarchy:

   i. Event Date from the Closure Table Snapshot where a valid Event Date is greater than or equal to the start date of reference. Assign Enrollment Closure Date = Closure.Event_Date
   ii. If there is no matching record in the Closure Table, then use the Closure Date from the Intake Table Snapshot where a valid Closure Date is greater than or equal to the start date of reference or is Null (blank). Assign Enrollment Closure Date = Intake.Closure_Date (if Intake.Closure_Date is Null, then substitute it with the end date of reference).

4. These are all potential enrollment segments. Join the enrollment segments from C3 to the CIS Primary Client Snapshot to define all enrollments under the Primary Client ID.

   Find all Primary Client Ids by defining the join as Enrollment.Client_ID = CISPrimaryID.Client_ID.
        Primary Client ID = CISPrimaryID.Primary_Client_ID
        Secondary Client ID = Enrollment.Client_ID
   If there is no matching CISPrimaryID record then,

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Primary Client ID = Enrollment.Client_ID
Secondary Client ID = Enrollment.Client_ID

5. From extract C4, remove Dummy CIS Client Ids. Define join to Dummy Client ID Snapshot using Client_ID and Contr_ID.

6. From extract C5, select the most current enrollment segment based on the Primary Client ID. Define the most current Enrollment segment using the following hierarchy:

    i.   Open enrollment segment
    ii. If there are only closed enrollment segments, select the closed segment with the maximum Enrollment Closure.
    iii. If there is more than one segment that meets criteria C6i or C6ii, next refer to the segment with the maximum CIS Add Date.
    iv. If there is more than one segment that meets criteria C6iii, next refer to the segment with the maximum Intake Date.
    v.   If there is more than one segment that meets criteria C6iv, next refer to the segment with the maximum Change Control Date.

D. ELIGIBILITY CATEGORY PROCEDURES:

1. Join the Client Demographic Snapshot to the Primary Client ID Snapshot to define each Demographic record under the Primary CIS Client ID.

Find all Primary Client Ids by defining the join as Demographic.Client_ID = CISPrimaryID.Client_ID.
    Primary Client ID = CISPrimaryID.Primary_Client_ID
    Secondary Client ID = Demographic.Client_ID
If there is no matching CISPrimaryID record then,
    Primary Client ID = Demographic.Client_ID
    Secondary Client ID = Demographic.Client_ID

2. From extract D1, select the most current Demographic record for each client based on the Primary Client ID. Define the most current Demographic record using the Primary Client ID and the following hierarchy:

    i.   Maximum Demographic Intake Date
    ii. If there is more than one segment that meets criteria D2i, next refer to the segment with the maximum CIS Add Date.
    iii. If there is more than one segment that meets criteria D2ii, next refer to the segment with the maximum Change Control Date.
    iv. If there is more than one segment that meets criteria D2iii, next refer to the segment with the maximum Transaction Code.

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3. Join the AHCCCS Eligibility Snapshot to the AHCCCS ID Crosswalk Snapshot to find all Eligibility segments associated with the same client using the Primary AHCCCS ID. Select the Eligibility segments that have a valid Start Date less than or equal to the end date of reference <u>and</u> (a valid End Date greater than or equal to the start date of reference <u>or</u> End Date is null).

    > Find all Primary AHCCCS IDs by defining the join as Eligibility.AHCCCS_ID = Crosswalk.Old_AHCCCS_ID.
    > > Primary AHCCCS ID = Crosswalk.New_AHCCCS_ID
    > > Secondary AHCCCS ID = Eligibility.AHCCCS_ID
    >
    > If there is not matching Crosswalk record then,
    > > Primary AHCCCS ID = Eligibility.AHCCCS_ID
    > > Secondary AHCCCS ID = Eligibility.AHCCCS_ID

4. Join extract from D3 to the Primary Client ID Snapshot to define each Eligibility segment under the Primary CIS Client ID.

    > Find all Primary Client Ids by defining the join as Eligibility.Client_ID = CISPrimaryID.Client_ID.
    > > Primary Client ID = CISPrimaryID.Primary_Client_ID
    > > Secondary Client ID = Eligibility.Client_ID
    >
    > If there is no matching CISPrimaryID record then,
    > > Primary Client ID = Eligibility.Client_ID
    > > Secondary Client ID = Eligibility.Client_ID

5. From extract D4, select the most current Eligibility segment for each client based on the Primary Client ID. Define the most current Eligibility segment using the Primary Client ID and the following hierarchy:

    i.   Open eligibility segment
    ii. If there are only closed eligibility segments, select the closed segment with the maximum End Date.
    iii. If there is more than one segment that meets criteria D6i or D6ii, next refer to the segment with the maximum CIS Add Date.
    iv. If there is more than one segment that meets criteria D6iii, next refer to the segment with the maximum Start Date.
    v.   If there is more than one segment that meets criteria D6iv, next refer to the segment with the maximum Change Control Date.

6. Join the AHCCCS At Risk Snapshot to the AHCCCS SSN Crosswalk Snapshot to find all CMDP At Risk segments associated with the same client using the Primary AHCCCS ID.

    > Find all segments under the old AHCCCS ID by defining the join as AtRisk.AHCCCS_ID = Crosswalk.Old_AHCCCS_ID.

> Primary AHCCCS ID = Crosswalk.New_AHCCCS_ID
> Secondary AHCCCS ID = AtRisk.AHCCCS_ID
> If there is not matching Crosswalk record then,
>> Primary AHCCCS ID = AtRisk.AHCCCS_ID
>> Secondary AHCCCS ID = AtRisk.AHCCCS_ID

7. Join the AHCCCS Eligibility extract D5 with the At Risk extract D7 using the Primary AHCCCS ID field from both extracts.
8. Join the At Risk extract D8 with the Primary Client ID Snapshot to define each record under the Primary Client ID.

> Find all Primary Client Ids by defining the join as AtRisk.Client_ID = CISPrimaryID.Client_ID.
>> Primary Client ID = CISPrimaryID.Primary_Client_ID
>> Secondary Client ID = AtRisk.Client_ID
> If there is no matching CISPrimaryID record then,
>> Primary Client ID = AtRisk.Client_ID
>> Secondary Client ID = AtRisk.Client_ID

9. Since the AHCCCS Eligibility table can have multiple Client Ids for each AHCCCS ID, only the most recent Client ID needs to be associated to each At Risk record. Join the At Risk extract D8 with the most current Enrollment using the Primary Client ID.
10. Select the At Risk record that has an associated enrollment record based on the Primary Client ID.
11. Join all main extracts into one enrollment table based on the Primary Client ID.

> Main Intake/Closure Extract (C6)
> Main Demographic Extract (D2)
> Main AHCCCS Eligibility Extract (D5)
> Main At Risk Extract (D11)

12. Assign each Enrollment segment a new Behavioral Health Category (QM_BHC) and a new Eligibility Group (QM_ELIG) using the following "If-Then-Else" logic:

> If At Risk Contract_Type = "7" then
>> QM_BHC = "CMDP" and
>> QM_ELIG = "T19-CMDP"
> Else
>> If Eligibility ELG_GRP = "T19" or "DD" then QM_ELIG = "T19"
>> If Eligibility ELG_GRP = "T21" or "HI" then QM_ELIG = "T21"
>> If Eligibility ELG_GRP = Null (blank) then evaluate Eligibility Contract_Type as follows:

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If Eligibility Contract_Type = "K" or "S" then QM_ELIG = "T19"
If Eligibility Contract_Type = "V" then QM_ELIG = "T21"
If Eligibility Contract_Type = "Anything Else" then QM_ELIG = "T19"

If there is no matching eligibility segment, then QM_ELIG = "NON"

If AGE < 18 and (Demographic Behavioral_Health_Category_Code = "Anything"

<u>or</u> *there is no matching Demographic segment)*, then QM_BHC = "Child"

If AGE => 18 and Demographic Behavioral_Health_Category_Code = "C" or "M" then

QM_BHC = "GMH"

If AGE => 18 and Demographic Behavioral_Health_Category_Code = "G" then

QM_BHC = "SA"

If AGE => 18 and Demographic Behavioral_Health_Category_Code = "S" then

QM_BHC = "SMI"

If AGE => 18 and (Demographic Behavioral_Health_Category_Code = "Anything

Else" <u>or</u> *there is no matching Demographic segment)*, then QM_BHC = "GMH"

End If

13. Counting enrollments is a process by which each client is placed in one distinct category and counted only once. Place each enrollment segment in the appropriate category based on QM_BHC (defined in D10) as follows:

    Child includes New_BHC = "Child"
    CMDP-Total includes New_BHC = "CMDP"
    Non-SMI includes New_BHC = "GMH", "SA"
    SMI includes New_BHC = "SMI"

14. Obtain the current RBHA Eligible counts from the ADHS Office of Business Operations - AHCCCS 274 A thru H Summary Reports. TRBHA Eligible counts are based on the At Risk Zip Code definitions provided by AHCCCS.

15. Penetration is determined by dividing the Enrollment counts (D11) by the Eligible counts (D12) within designated categories (defined in D11) as follows:

    Child Enrollment ÷ Child Eligibility
    CMDP Enrollment ÷ CMDP Eligibility
    Non-SMI Enrollment ÷ Adult Eligibility
    SMI Enrollment ÷ Adult Eligibility

    Please refer to Flow Chart (Attachment A).

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E. SPECIAL CASES:
1. Primary/Secondary CIS Client IDs (combine under Primary CIS Client ID)
2. Dummy CIS Client IDs (remove from enrollment extract)
3. Overlapping intakes at the same or multiple T/RBHAs with or without closure data.
4. Potentially valid Closure Table records without matching intakes may have been orphaned by previous processes.
5. Beginning in December 2004, AHCCCS began converting social security number IDs to an Alpha-Numeric ID. Therefore, the AHCCCS SSN Crosswalk Snapshot must be used to identify the Primary AHCCCS ID.
6. There are multiple Client IDs associated to the same AHCCCS ID in the AHCCCS Eligibility Snapshot table. Since the AHCCCS At Risk Snapshot table does not include a CIS Client ID, the Eligibility table is used to obtain the CIS Client ID and any multiple records based on Primary AHCCCS ID must be eliminated. The CIS Client ID is chosen from the most current Eligibility segment.

F. APPROVED BY:

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